



Center for Health Care Quality  
Licensing & Certification Program

**Health Facility License Fees  
and  
Nursing Home Administrator Program Fees**

Annual Fee Report for Fiscal Year 2013-14

February 1, 2013

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## LEGISLATIVE REQUIREMENTS

### Health Facility License Fees

The California Department of Public Health (CDPH), Licensing and Certification Program (L&C), Health Facility License Fees Annual Report for Fiscal Year (FY) 2013-14 is published in accordance with California Health and Safety (H&S) Code Section 1266(d) as follows:

- Publish the list of estimated fees by February 1 of each year;
- Publish a report of all costs for activities of the L&C Program; and,
- Prepare a staffing and system analysis report including:
  - The number of surveyors and administrative support personnel devoted to the licensing and certification of health care facilities;
  - The percentage of time devoted to licensing and certification activities for the various types of health facilities;
  - The number of facilities receiving full surveys and the frequency and number of follow up visits;
  - The number and timeliness of complaint investigations;
  - Data on deficiencies and citations issued, and numbers of citation review conferences and arbitration hearings; and,
  - Other applicable activities of the L&C program.

H&S Code Section 1266(d) requires the calculation of fees to be based on workload by facility type.

H&S Code Section 1266(e) states the fee for each category should be determined by dividing the aggregate state share of all costs for the L&C program by the appropriate metric for the category of licensure. Amounts actually received for new licensure applications, including change of ownership applications, and late payment penalties, pursuant to Section 1266.5, during each FY shall be calculated and 95% should be applied to the appropriate fee categories in determining L&C Program fees for the second FY following receipt of those funds. The remaining 5% shall be retained in the fund as a reserve until appropriated.

### Nursing Home Administrator Program Fees

The CDPH, Nursing Home Administrator Program (NHAP) Fees for FY 2013-14 is published in accordance with HSC Section 1416.36 (b)(1) which states that the department may propose that fees be adjusted to an amount sufficient to cover the reasonable regulatory costs to the department. The proposed adjustment to fees as well as the final fee list, with an explanation of any adjustment, shall be made available to the public by being published on the Department's Internet Website. HSC Section 1416.36 (d) (1) requires the department to publish an additional report including:

- Estimates of costs to implement activities and estimated fee revenue.
- Recommended adjustments to fees based on projected workload and costs.
- An analysis containing the following information for the current FY and each of the previous four FYs:
  - The number of persons applying for a nursing home administrator's license, the number of nursing home administrator licenses approved or denied, and the number of nursing home administrator licenses renewed.
  - The number of applicants taking the nursing home administrator exam and the number of applicants who pass or fail the exam.
  - The number of persons applying for, accepted into, and completing the Administrator-In-Training (AIT) Program.
  - The number, source, and disposition of complaints made against persons in the AIT Program and licensed nursing home administrators, including the length of time between receipt of the complaint and completion of the investigation.
  - The number and type of final administrative, remedial, or disciplinary actions taken against licensed nursing home administrators.

- A listing of the names and nature of violations for individual licensed nursing home administrators, including final administrative, remedial, or disciplinary actions taken.
- The number of appeals, informal conferences, or hearings filed by nursing home administrators or held, the length of time between the request being filed, and the final determination of the appeal, and the number of administrative, remedial, or disciplinary actions taken.

## **BACKGROUND**

### **Health Facility License Fees**

H&S Code Sections 1254, 1282 and 1417 require the L&C program to license health care facilities that do business in California. CDPH's contract with the federal Centers for Medicare and Medicaid Services (CMS), as well as provisions of California's Medicaid State Plan, requires L&C to certify facilities for participation in Medicare (Title XVIII) and/or Medi-Cal (Title XIX). In conducting these activities, L&C develops and enforces state licensure standards, conducts inspections to assure compliance with federal standards for facility participation in Medicare and/or Medi-Cal, and responds to complaints against providers licensed by CDPH.

In addition, the H&S Code Section 1266 was amended by Chapter 74 of the Statutes of 2006 (Assembly Bill 1807), changing the L&C Program from a General Fund (GF) Program to a Special Fund (SF) Program. The statute required that beginning FY 2009-10, L&C be entirely supported by Federal Funds (FF) and SFs, unless funds are specifically appropriated from the GF in the annual Budget Act or other enacted legislation. This requirement to be fully supported by FFs and SFs was achieved one year early in FY 2008-09. Only state departments, authorities, bureaus, commissions or officers are exempt from paying license fees. For those facilities that are state operated, an annual Budget Act appropriation transfers GF monies into the L&C SF to cover the costs to license state operated facilities.

The provisions of H&S Code Section 1266 require L&C to capture and report workload data by fee category (survey activity and facility type) which prompted the development and implementation of a new timekeeping system in FY 2006-07. This Time Entry and Activity Management (TEAM) System captures data on the number of surveys with exit dates and the total hours spent for each survey activity to determine the Standard Average Hours (SAH) it takes to accomplish specific workload. The L&C program used TEAM FY 2011-12 data to develop the state licensing workload for FY 2013-14.

### **Nursing Home Administrator Program Fees**

Title 42, Code of Federal Regulations, commencing with Sections 431.702 through 431.713 provides the State has a program for licensing administrators of nursing homes. On July 1, 1998, through an interagency agreement, California Department of Consumer Affairs delegated the legislative and regulatory authority of the NHAP management, evaluation and planning to the CDPH, L&C Program. Effective January 1, 2002, Assembly Bill 1409, Chapter 687, Statutes of 2001, added HSC Sections 1416 through 1416.86, known as the Nursing Home Administrator Act (NHA Act), to permanently redirect the NHAP to the CDPH.

As a result of recently chaptered legislation (Assembly Bill 1710 [Chapter 672, Statutes of 2012]), beginning February 1, 2013 and annually thereafter, NHAP licensing fees will be adjusted based on program costs and not by the Consumer Price Index. In addition, this legislation eliminates the Nursing Home Administrator State Licensing Examining (NHAP) Fund 0260, and establishes that revenues will be deposited into the L&C Special Fund 3098. With implementation of AB 1710, the balance remaining in the NHAP Fund 0260 will revert to the General Fund. To begin to defray the costs to minimize the increase in NHAP fees, a credit will be applied from the L&C Special Fund program reserves and a 5% increase to the NHAP fees will be applied in FY 2013-14. The Department will continue to track the revenues associated with NHAP fees and fines.

The NHAP's role is to protect the public by ensuring only qualified individuals are licensed while appropriate standards of competency are established and enforced, which directly correlates with the CDPH's mission to optimize the health and well-being of the people of California. The NHA Act identifies the authority of the NHAP, defines terms, and specifies licensing requirements. The NHA Act also addresses fees, including but not limited to, state and national examinations and provides procedures for out-of-state Nursing Home Administrator (NHA) licensees to obtain a one-year provisional license. In addition, the NHA Act requires the NHAP to develop an AIT program in consultation with representatives from the long-term care industry and establish a designated citation and administrative fine assessment system.

## **FEE DEVELOPMENT**

### **Health Facility License Fees**

This section outlines the process used to calculate licensing fees in accordance with H&S Code Section 1266(d) and provides summarized information on the cost adjustments included in the fee calculations.

#### Fee Methodology Overview

H&S Code Section 1266 was amended to restructure the methodology for calculating health care facilities license fees based on the workload and cost of licensing and regulating health care facilities. Statute specifies the methodology for annually recalculating license fees for all licensed health care facilities as follows:

Licensing fee rates, based on the aggregate state share of the special fund cost, are structured on a per facility or bed classification count and are collected on an initial license application, an annual license renewal, and change of ownership (CHOW).

The fee rates are based on the following activities:

- Combines information on projected workload hours for various mandated activities by specific facility type;
- Calculates the state workload rate percentage of each facility type to the total state workload;
- Determines the total proposed SF budget cost comprised of baseline, incremental cost adjustments, and credits;
- Allocates the SF budget cost by facility type based on the state workload percentages or other appropriate methodology; and,
- Divides the proposed SF budget cost per facility type by the total number of facilities within the facility type or by the total number of beds to determine a per facility or per bed licensing fee.

#### State Workload Percentage for Each Facility Type

State workload percentages are calculated for each workload activity and grouped by facility type. Workload activities include state licensing, federal certification, and initial state and federal certification, follow up/revisits, complaint and investigations. The following basic data components are used to come up with the workload percentages for each workload activity within each facility type.

- The number of open and active facility counts (licensure and federal certification workload survey activities only);
- The annualized workload frequency for each workload activity as mandated by either state or federal statute requirements;

- The standard average hours (SAH) based on the SAH report from the TEAM data. This data reflects the average hours required to complete each workload activity as reported in FY 2011-12 and,
- The state funding percentage. This is the percentage charged to the L&C SF based on the specific workload activity.

**Attachment A**, State Workload Percentage Calculation Chart, provides the detailed workload analysis by facility type that was used to calculate the state workload percentage for each facility type for FY 2013-14.

### Health Care Facilities Proposed Fees for Each Facility Type

Under current state statutes, program budget cost estimates shall be based on appropriated amounts including any adjustments. To meet the required provisions, it is necessary to project costs associated with the L&C SF starting with the baseline and reflecting each incremental adjustment. Incremental adjustments are allocated by the impacted facility type based on the facility type's relative state workload percentage.

- The program's baseline budget cost is the appropriated amount based on the previous year's Budget Act minus non-fee related expenses. Costs are allocated across all facility types based on the facility type's relative workload percentage. L&C's beginning baseline budget going into FY 2013-14 is \$91,115,000.
- Incremental baseline budget cost adjustments are added or deducted to the base and are allocated to facility types based on the relative state workload percentage or other appropriate methods. The following baseline budget cost adjustments which net to a total increase of \$1,222,000 include:
  - Increase to other employee compensation adjustment of \$414,000;
  - Increase to Public Employees Retirement System (PERS) rate adjustment of \$989,000;
  - Reduction of prior year pro-rata allocation for special fund administration of \$3,401,000;
  - Increase of budget year pro-rata allocation of \$3,711,000 as determined by the Department of Finance;
  - Reduction savings for Office of Technology Services Rate of \$15,000;
  - Reduction in department overhead adjustment of \$452,000, and
  - Reduction to pay Lease Revenue Debt Services adjustment of \$24,000.
- Credits are adjustments to the overall program operational cost and are allocated based on workload percentages and/or by an appropriate metric. These credits serve to reduce the level of licensing fees paid by a specific facility type for the fee cycle. The following credit adjustments for FY 2013-14 fee schedule are as follows:
  - Credit of \$3,500,177 statutorily based on miscellaneous revenues collected for late fees, change of ownership and other licensing changes made in FY 2011-12, and
  - Credit of \$11,624,284 from program reserves, which is applied to each facility type to keep fees at FY 2012-13 levels if fees on the natural would have increased and to reduce fees by 20% if fees on the natural would have decreased.

Once the L&C SF operational budget costs are determined and allocated by facility type, the license fee amount is calculated as follows:

- Out-patient Facilities: The proposed licensing fee for each facility type is determined based on the allocated SF operational budget cost divided by the total number of facilities.
- In-Patient Facilities: The proposed licensing fee for each bed is determined based on the allocated SF operational budget cost divided by the total number of beds in the facility type.

**Attachment B**, Health Care Facilities Proposed Fee Chart, provides detailed information by facility type regarding the various baseline budget adjustments, credits, and program savings offsets that were factored into the calculation of licensing fee amounts for FY 2013-14 as described above.

The methodology described above is the process used to calculate fees in accordance with H&S Code Section 1266(d).

## Summary of License Fees by Facility Type

The table below provides a comparison of program fees levied for FY 2012-13 to the proposed fees based on projected workload and costs for FY 2013-14.

**Table 1**

<b>License Fees by Facility Type</b>			
Facility Type	Fee Per Bed or Facility	FY 2012-13 Fee Amounts	FY 2013-14 Proposed Fee Amounts
Alternative Birthing Centers	Facility	\$ 2,975.24	\$ 2,380.19
Adult Day Health Centers	Facility	\$ 4,164.92	\$ 4,164.92
Chronic Dialysis Clinics	Facility	\$ 3,578.29	\$ 2,862.63
Chemical Dependency Recovery Hospitals	Bed	\$ 191.27	\$ 191.27
Community Clinics	Facility	\$ 718.36	\$ 718.36
Correctional Treatment Centers	Bed	\$ 573.70	\$ 573.70
Home Health Agencies	Facility	\$ 4,315.47	\$ 3,452.38
Hospices (2-Year License Total)	Facility	\$ 4,641.96	\$ 3,713.56
Hospice Facilities *	Bed	\$ 312.00	\$ 312.00
Pediatric Day Health/Respite Care	Bed	\$ 188.01	\$ 150.41
Psychology Clinics	Facility	\$ 1,476.66	\$ 1,476.66
Referral Agencies	Facility	\$ 4,368.01	\$ 3,494.41
Rehab Clinics	Facility	\$ 259.35	\$ 259.35
Surgical Clinics	Facility	\$ 2,487.00	\$ 2,487.00
Acute Psychiatric Hospitals	Bed	\$ 266.58	\$ 266.58
District Hospitals Less Than 100 Beds	Bed	\$ 266.58	\$ 266.58
General Acute Care Hospitals	Bed	\$ 266.58	\$ 266.58
Special Hospitals	Bed	\$ 266.58	\$ 266.58
Congregate Living Health Facilities	Bed	\$ 312.00	\$ 312.00
Intermediate Care Facilities (ICF)	Bed	\$ 312.00	\$ 312.00
Skilled Nursing Facilities	Bed	\$ 312.00	\$ 312.00
ICF - Developmentally Disabled (DD)	Bed	\$ 580.40	\$ 580.40
ICF - DD Habilitative	Bed	\$ 580.40	\$ 580.40
ICF - DD Nursing	Bed	\$ 580.40	\$ 580.40

\* Pursuant to SB 135 (Chapter 673, Statutes of 2012), a new Hospice Facility licensure category was established. In the first year of licensure, the fee shall be equivalent to Congregate Living Health Facilities.

## Nursing Home Administrator Program Fees

### Fee Methodology Overview

As a result of Assembly Bill 1710 (Chapter 672, Statutes of 2012) beginning February 1, 2013 and annually thereafter, NHAP licensing fees will be adjusted based on program costs. The total program cost of \$598,480 is based on FY 2011-12 actual expenditures adjusted for changes in staffing levels. CDPH is applying a credit of \$218,431 from available L&C Special Fund 3098 program reserves to reduce the increases that would have occurred on the natural and cap fees at a 5% increase. This approach adheres to AB1710 and aligns the fee revenues to the program costs.

### Summary of Nursing Home Administrator Program Fees

The table below provides a comparison of program fees levied for FY 2012-13 to the proposed fees based on projected workload and costs for FY 2013-14.

**Table 2**

Nursing Home Administrator Program Fees					
Health & Safety Code Section 1416.36 (a)					
Fee Categories	FY 2012-13 Fee Amount	FY 2012-13 Estimated Workload Units	FY 2012-13 Estimated Fee Revenue	FY 2013-14 Proposed Fee Amount	FY 2013-14 Estimated Proposed Fee Revenue
(1) Examination Application Fee	\$25	500	\$12,500	\$26	\$13,000
(2) Reciprocity Licensure Application Fee	\$50	30	\$1,500	\$53	\$1,590
(3) AIT Program Application Fee	\$100	125	\$12,500	\$105	\$13,125
(4) (A) Automated National Exam*	\$275	N/A	N/A	N/A	N/A
(4) (B1) Automated State Exam*	\$210	N/A	N/A	N/A	N/A
(4) (B2) Written State Exam	\$140	210	\$29,400	\$147	\$30,870
(5) Initial License Fee	\$190	175	\$33,250	\$200	\$35,000
(6a) Active License Renewal Fee (Biennial)	\$190	1,000	\$190,000	\$200	\$200,000
(6b) Inactive License Fee (Biennial)	\$190	250	\$47,500	\$200	\$50,000
(7) Delinquency Fee	\$50	130	\$6,500	\$53	\$6,890
(8) Duplicate License Fee	\$25	30	\$750	\$26	\$780
(9) Provisional License Fee	\$250	10	\$2,500	\$263	\$2,630
(10) Endorsement of Credential Verification Fee	\$25	45	\$1,125	\$26	\$1,170
(11) Preceptor Certification Fee (Triennial)	\$50	180	\$9,000	\$53	\$9,540
(12) Continuing Education Provider Fee (Biennial)	\$150	25	\$3,750	\$158	\$3,950
(13) Continuing Education Course Fee (Biennial)	\$15	719	\$10,785	\$16	\$11,504
<b>Total</b>			\$361,060		\$380,049

\* Automated National and State exams not available



## **STAFFING AND SYSTEMS ANALYSIS**

### **Health Facility Licensing Fees**

H&S Code Section 1266(d)(2) requires L&C to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to L&C activities, survey schedules, complaint investigations, enforcement and appeal activities, data collection and dissemination, surveyor training, and policy development.

The following tables depict information from FY 2011-12, which represents the last full FY in which the L&C Program has actual data. The purpose of displaying this information is to show the efficient and effective utilization of the fees that were collected in FY 2011-12.

Table 3: Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities

Table 4: The Percentage of Time Devoted to L&C Activities for all Licensed Health Facilities;

Table 5: Surveys and Follow-up Visits Performed;

Table 6: Number of Complaint Investigations;

Table 7: Data on Citations, Deficiencies, and Enforcements (Page 1);

Table 8: Data on Citations, Deficiencies, and Enforcements (Page 2);

Hospitals Self-Reported Adverse Timeliness Reports:

Table 9: Adverse Event Report Category and Type by State Fiscal Year Report;

Table 10: Volume and Percent of Adverse Events by Category;

Table 11: Annual Count of Adverse Events, Ongoing Threat of Imminent Danger by Event Category;

Table 12: Failure to Report Adverse Events Statistics by State Fiscal Year;

Table 13: Other Applicable Activities

### **Nursing Home Administrator Program Fees**

H&S Code Section 1416 requires NHAP to prepare a list of data showing License, Exam and AIT Program activities and Administrator violations as shown in the tables for FY 2007-2012.

Table 14: Number of Personnel Devoted to the Nursing Home Administrator Program;

Table 15: Nursing Home Administrator Program License, ;

Table 16: Nursing Home Administrator Violations

**Table 3**

<b>Number of Personnel Devoted to the Licensing and Certification of Health Care Facilities</b> Health and Safety Code Section 1266(d)(2)(B)(i) FY 2011-12										
Personnel Types	14 Field Offices		Professional Certification Branch		Headquarters		Total L&C		LA County	
	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total	# of Positions	% of Total
<b>Surveyors &amp; Consultants</b>										
Surveyors <sup>1</sup>	453	42.69%	-	-	4	0.38%	457	43.07%	131	73.60%
Consultants	53	5.00%	-	-	2	0.19%	55	5.19%	7	3.93%
<b>Administrative Support Personnel</b>										
Managers/Supervisors & Support Staff <sup>2</sup>	195	18.39%	86	8.11%	268	25.24%	549	51.74%	40	22.47%
<b>Total</b>	<b>701</b>	<b>66.08%</b>	<b>86</b>	<b>8.11%</b>	<b>274</b>	<b>25.81%</b>	<b>1,060</b>	<b>100.00%</b>	<b>178</b>	<b>100.00%</b>
This chart represents the number of positions in L&C and Los Angeles County. Data is based on the number of adjusted position as reported in the 2013/14 November Estimate. The following detail describes personnel function in 14 L&C field offices statewide and the 5 Los Angeles County Offices:										
<b>Personnel in the Field Offices and LA Country Contract</b> The Los Angeles County performs their own L&C activities and contracts with the CDPH to report information. L&C Field Offices and Los Angeles County perform the same common functions which include:										
Evaluating and reporting on services and conditions; Cite deficiencies and issue penalties; Issue, deny or revoke licenses, and approve plans of correction; and, Control performance of other public agencies' survey staff.										
<sup>1</sup> Classifications include: Health Facilities Evaluator Nurse, Health Facilities Evaluator I, Health Facilities Evaluator Trainee.										
<sup>2</sup> Classifications include: Associate Accounting Analyst, Associate Governmental Program Analyst, Associate Health Program Advisor, Associate Information Systems Analyst, Associate Program Analyst (Spec.), Career Executive Assignment, Data Processing Manager VII/III, Deputy Director, Health Facilities Evaluator II (Sup), Health Facilities Evaluator VII, Health Facilities Evaluator Manager VII, Health Facilities Evaluator Specialist, Health Program Manager III, Health Program Specialist VII, Management Services Technician, Office Assistant, Office Technician, Program Technician, Program Technician II, Research Program Specialist VII, Staff Programmer Analyst, Supervising Program Technician VII, Staff Counsel III, Senior/Staff Information Systems Specialist, Staff Services Analyst, Staff Services Manager VII/III, Word Processing Technician										

**Table 4**

<b>The Percentage of Time Devoted to L&amp;C Activities for all Licensed Health Facilities</b> Health and Safety Code Section 1266(d)(2)(B)(ii) FY 2011-12		
	Hours	Percentage to Total Hours
Acute Psychiatric Hospital	7,164	0.84%
Adult Day Health Centers	590	0.07%
Alternate Birthing Center	32	0.00%
Chemical Dependency Recovery Hospital	39	0.00%
Chronic Dialysis Clinic	16,024	1.87%
Community and Free Clinics (PCC/RHC)	3,809	0.45%
Congregate Living Health Facility	583	0.07%
Correctional Treatment Center	2,334	0.27%
General Acute Care Hospital	146,330	17.10%
Home Health Agencies	47,117	5.51%
Hospice	10,164	1.19%
Intermediate Care Facilities	6,188	0.72%
Intermediate Care Facilities DD, DDH, DDN	108,147	12.64%
Pediatric Day Health or Respite Care	88	0.01%
Psychology Clinic	-	0.00%
Referral Agency	-	0.00%
Rehabilitation Clinic	1,931	0.23%
Skilled Nursing Facilities	480,715	56.17%
Surgical Clinic	24,575	2.87%
Totals	855,830	100.00%

Data Source: Time Entry and Activity Management, FY 2011-12 Final Report

Date: 08/23/2012

**Table 5**

Surveys and Follow-up Visits Performed					
Health & Safety Code Section 1266(d)(2)(B)(iii)					
FY 2011-12					
Facility Type	Licensing Survey		Certification Survey		Follow-up & Revisits
	Initial	Re- Licensure	Initial	Re- Certification	
Acute Psychiatric Hospital	-	6	1	1	2
Adult Day Health Centers	-	6	-	-	1
Alternative Birthing Center	-	1	-	-	-
Chemical Dependency Recovery	-	-	-	-	-
Chronic Dialysis Clinics/ESRD	11	17	16	62	20
Community Clinics (PCC)/RHC	15	21	10	14	6
Congregate Living Health Facility	3	2	-	-	-
Correctional Treatment Center	-	10	-	-	-
General Acute Care Hospital	3	227	-	41	32
Home Health Agencies	95	34	5	204	70
Hospice	94	7	2	25	12
ICF/Developmentally Disabled (ICF/DD); ICF/DD-H; ICF/DD-N	7	8	24	1,129	83
Intermediate Care Facility (ICF/non-nursing)	-	2	-	-	-
Pediatric Day Health/Respite Care	1	-	-	-	-
Psychology Clinic	-	-	-	-	-
Referral Agencies	-	-	-	-	
Rehabilitation Clinics/OPT-SP/CORF	-	-	-	18	12
Skilled Nursing Facility	8	230	7	1,148	233
Surgical Clinic/ASC	3	-	1	128	80
Totals	240	571	66	2,770	551
Category Totals	811		2,836		551
Category Percentages	19%		68%		13%
Grand Totals	4,198				

Data Source: Time Entry and Activity System, FY 2011-12 Report

Date: 08/23/2012

**Table 6**

<b>Number of Complaint Investigations</b> Health & Safety Code Section 1266(d)(2)(B)(iv) FY 2011-12						
Number of Complaints Received During SFY 2011-12 by Facility Type						
Facility Type	Total Complaints Received	Proportion Long-Term and Non-Long-Term Facility Complaints	Complaints Received Requiring Investigation	Proportion of Complaints Received Requiring Investigation	Immediate & Serious (I&S) Complaints	Non Immediate & Serious (I&S) Complaints
Long-Term Care	6,109	61.60%	5,701	93.30%	236	5,465
Non Long-Term Care	3,802	38.40%	3,580	94.20%	98	3,482
Total	9,911	100.00%	9,281	93.60%	334	8,947

\* Data were obtained from the ASPEN database on July 2, 2012

\* Provides distribution of reported complaints by (1) long-term care and non-long-term care facilities, (2) the proportion that require investigation, and (3) among the investigated, I&S versus Non-I&S complaints.

Data Source: ASPEN Database

Date: July 2, 2012

**Table 7**

<b>Data on Citations, Deficiencies, and Enforcements</b> Health & Safety Code Section 1266(d)(2)(B)(v) FY 2011-12 Page 1 of 2										
FACILITY TYPE	CITATIONS ISSUED (BY CLASSIFICATION)						DEFICIENCY	ENFORCEMENT PENALTIES ISSUED		TOTAL
	AA	A	B	WMF	WMO	RD	Deficiencies Issued	Administrative Penalties (H&S 12801.1)	Failure to Report Penalties (H&S Code 1279.1)	
Acute Psychiatric Hospital (APH)	-	-	-	-	-	-	5	1		6
Community Clinic (COMTYC)	-	-	-	-	-	-	15	-	3	18
Congregate Living Health Facility (CLHF)	-	-	1	-	-	-	1	-		2
Correctional Treatment Center (CTC)	-	-	-	-	-	-	3	-	1	4
End Stage Renal Disease (ESRD)	-	-	-	-	-	-	-	-	-	-
General Acute Care Hospital (GACH)	-	-	-	-	-	-	524	14	86	624
Home Health Agency (HHA)	-	-	-	-	-	-	17	-	5	22
Hospice (H)	-	-	-	-	-	-	-	-	1	1
ICF/DD-Habilitative (ICF/DD-H)	-	5	43	-	-	-	55	-	-	103
ICF/DD-Nursing (ICF/DD-N)	-	5	26	-	-	-	50	-	-	81
ICF/Developmentally Disabled (ICF/DD)	-	4	9	-	-	-	18	-	-	31
Intermediate Care Facility (ICF)	1	7	5	-	-	-	26	-	-	39
Pediatric Day Health and Respite Care Facility (PDHRCF)	-	-	-	-	-	-	-	-	-	-
Skilled Nursing Facility (SNF)	3	56	405	4			765		2	1,235
Special Hospital (SPHOSP)	-	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>4</b>	<b>77</b>	<b>489</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>1,479</b>	<b>15</b>	<b>98</b>	<b>2,166</b>

**Table 8**

<b>Data on Citations, Deficiencies, and Enforcements</b> Health & Safety Code Section 1266(d)(2)(B)(v) FY 2011-12		
		Page 2 of 2
1. The relationship of deficiencies to citations issued is that a deficiency is a citation without a monetary penalty. A citation results when a survey or complaint investigation identifies a "deficiency" that can seriously affect the health or safety of a patient.		
2. "AA" means meet the definition of a Class "A" violation and was a direct proximate cause of patient death.		
3. "A" means Immediate danger of death or serious harm to patients, or a substantial probability of death or serious physical harm to patients.		
4. "B" means immediate relationship to patient health, safety, or security. Can include emotional and financial elements.		
5. "WMF" means willful material falsification.		
6. "WMO" means willful material omission.		
7. "RDO" means retaliation/ discrimination		
8. Pursuant to Health & Safety Code, Section 1280.1, the California Department of Public Health, (CDPH) is allowed to impose administrative penalties against general acute care, acute psychiatric and facilities licensed as special hospitals a maximum fine of \$25,000 per violation that constitutes immediate jeopardy to a patients' health and safety.		
9. Pursuant to Health & Safety Code, Section 1280.4 the CDPH, may assess a civil money penalty in the amount of \$100 for each day that an adverse event is not reported following an initial five-day period or 24-hour period.		
Citation Appeals Statewide		
Resolution Type:	No.	%
Citation Review Conferences (CRC)	66	47%
Administrative Law Judge (ALJ)	51	36%
Court Appeals	16	11%
Binding Arbitration (BA)	8	6%
<b>Total</b>	<b>141</b>	<b>100%</b>

Data Source: ELMS Database

Date: 07/18/2012

Table 9

Adverse Event Report Category and Type by State Fiscal Year						
Health and Safety Code 1279.2(g)						
Adverse Event Categories and Types <sup>1</sup>	State Fiscal Year					All
	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	
<b>Surgical Events</b>	<b>223</b>	<b>268</b>	<b>336</b>	<b>292</b>	<b>340</b>	<b>1,459</b>
Surgery performed on a wrong body part	30	26	32	21	44	153
Surgery performed on the wrong patient	2	3	3	3	3	14
Wrong surgical procedure performed on a patient	7	16	13	20	19	75
Retention of a foreign object in a patient	153	186	260	221	241	1,061
Death during or up to 24 hours after surgery	31	37	28	27	33	156
<b>Product or Device Events</b>	<b>6</b>	<b>6</b>	<b>17</b>	<b>11</b>	<b>20</b>	<b>60</b>
Death or serious disability associated with the use of contaminated drug, device, or biologic	1	0	5	2	5	13
Death or serious disability associated with the use of a device other than as intended	3	3	10	5	9	30
Death or serious disability due to intravascular air embolism	2	3	2	4	6	17
<b>Patient Protection Events</b>	<b>14</b>	<b>17</b>	<b>16</b>	<b>22</b>	<b>13</b>	<b>82</b>
Infant discharged to the wrong person	0	0	1	0	0	1
Death or serious disability due to disappearance	2	4	3	6	1	16
Suicide or attempted suicide	12	13	12	16	12	65
<b>Care Management Events</b>	<b>610</b>	<b>1017</b>	<b>964</b>	<b>1032</b>	<b>951</b>	<b>4574</b>
Death or serious disability associated with a medication error	32	29	29	29	23	142
Death or serious disability associated with incompatible blood	1	1	1	0	1	4
Maternal death or serious disability associated with labor or delivery	11	7	6	8	7	39
Death or serious disability directly related to hypoglycemia	0	6	2	5	3	16
Death or serious disability associated with hyperbilirubinemia in neonates	0	0	0	0	1	1
Stage 3 or 4 decubitus ulcer acquired after admission	566	973	926	990	916	4,371
Death or serious disability due to spinal manipulation therapy	0	1	0	0	0	1
<b>Environmental Events</b>	<b>38</b>	<b>51</b>	<b>63</b>	<b>75</b>	<b>84</b>	<b>311</b>
Death or serious disability associated with electric shock	0	1	0	0	0	1
Oxygen line contains wrong or toxic gas	1	0	1	0	1	3
Death or serious disability associated with a burn	2	4	6	2	2	16
Death associated with a fall	32	41	32	23	30	158
Death or serious disability associated with the use of restraints or bedrails	3	5	24	50	51	133
<b>Criminal Events</b>	<b>19</b>	<b>25</b>	<b>22</b>	<b>29</b>	<b>44</b>	<b>139</b>
Care ordered or provided by someone impersonating a licensed health provider	1	2	0	5	1	9
Abduction of a patient of any age	0	1	0	0	1	2
Sexual assault on a patient	14	17	17	20	37	105
Death or significant injury from a physical assault	4	5	5	4	5	23
<b>Other</b>	<b>22</b>	<b>39</b>	<b>50</b>	<b>54</b>	<b>106</b>	<b>271</b>
Adverse event or series of adverse events	22	39	50	54	106	271
<b>Total Adverse Events</b>	<b>932</b>	<b>1,423</b>	<b>1,468</b>	<b>1,515</b>	<b>1,558</b>	<b>6,896</b>

<sup>1</sup> See Health and Safety Code Section 1279.1 for specific description of each adverse event.

\* Table 9 presents yearly distribution of AE reports by 28 AE types, including yearly totals and grand totals for five state fiscal years since SFY 2007/08.

Data Source: ASPEN Database

Date: July 2, 2012



**Table 10**

Volume and Percent of Adverse Events by Category												
Adverse Event Category	SFY 2007-08	% <sup>1</sup>	SFY 2008-09	% <sup>1</sup>	SFY 2009-10	% <sup>1</sup>	SFY 2010-11	% <sup>1</sup>	SFY 2011-12	% <sup>1</sup>	Total	% <sup>1</sup>
1. Surgical Events	223	23.9%	268	18.8%	336	22.9%	292	19.3%	340	21.8%	1,459	21.2%
2. Product or Device Events	6	0.6%	6	0.4%	17	1.2%	11	0.7%	20	1.3%	60	0.9%
3. Patient Protection Events	14	1.5%	17	1.2%	16	1.1%	22	1.5%	13	0.8%	82	1.2%
4. Care Management Events	610	65.5%	1,017	71.5%	964	65.7%	1,032	68.1%	951	61.0%	4,574	66.3%
5. Environmental Events	38	4.1%	51	3.6%	63	4.3%	75	5.0%	84	5.4%	311	4.5%
6. Criminal Events	19	2.0%	25	1.8%	22	1.5%	29	1.9%	44	2.8%	139	2.0%
7. Other	22	2.4%	39	2.7%	50	3.4%	54	3.6%	106	6.8%	271	3.9%
<b>Total</b>	932	100.0%	1,423	100.0%	1,468	100.0%	1,515	100.0%	1,558	100.0%	6,896	100.0%

<sup>1</sup> May not add up to 100 due to rounding.

\* Table 10 provides yearly totals by seven AE categories, such as Surgical Events, Product or Device Events, Patient Events, Care Management Events, Environmental Events, Criminal Events, and other as well as their percentage by AE category.

Data Source: ASPEN Database

Date: July 2, 2012

Table 11

Annual Count of Adverse Events, Ongoing Threat of Imminent Danger by Event Category																				
Adverse Event Report Type by Urgency	Urgency										Total					Adverse Event requiring inspection within 48 hours as percent of total				
	Adverse Events requiring inspection within 48 hours <sup>1</sup>					Other Adverse Events <sup>2</sup>														
	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12	SFY 2007-08	SFY 2008-09	SFY 2009-10	SFY 2010-11	SFY 2011-12
1. Surgical Events	33	8	0	4	1	190	260	336	288	339	223	268	336	292	340	14.80%	3.00%	0.00%	1.40%	0.30%
2. Product or Device Events	3	2	2	2	3	3	4	15	9	17	6	6	17	11	20	50.00%	33.30%	0.10%	18.20%	15.00%
3. Patient Protection Events	5	5	3	2	3	9	12	13	20	10	14	17	16	22	13	35.70%	29.40%	18.80%	9.10%	23.10%
4. Care Management Events	82	14	8	4	2	528	1,003	956	1,028	949	610	1,017	964	1,032	951	13.40%	1.40%	0.80%	0.40%	0.20%
5. Environmental Events	10	4	6	5	2	28	47	57	70	82	38	51	63	75	84	26.30%	7.80%	9.50%	6.70%	2.40%
6. Criminal Events	4	2	4	1	3	15	23	18	28	41	19	25	22	29	44	21.10%	8.00%	18.20%	3.40%	6.80%
7. Other	6	3	4	2	5	16	36	46	52	101	22	39	50	54	106	27.30%	7.70%	8.00%	3.70%	4.70%
Total	143	38	27	20	19	789	1,385	1,441	1,495	1,539	932	1,423	1,468	1,515	1,558	15.30%	2.70%	1.80%	1.30%	1.20%

<sup>1</sup> HSC § 1279.2 (a)(1)<sup>2</sup> HSC § 1279.2 (b)

\* Table 11 Presents yearly distribution of AEs by AE categories and by urgency as well as yearly totals and percentages. Unlike Table 11, Table 10 further distributes AEs by their urgency, such as the ones that require inspection within 48 hours and those that do not.

Data Source: APSEN Database

Date: July 2, 2012

**Table 12**

<b>Failure to Report Adverse Events Statistics by State Fiscal Year</b>						
<b>Events and Penalties</b>	<b>State Fiscal Year</b>					<b>Totals</b>
	<b>SFY 2007-08</b>	<b>SFY 2008-09</b>	<b>SFY 2009-10</b>	<b>SFY 2010-11</b>	<b>SFY 2011-12</b>	
Failure to Report Adverse Events	111	165	139	225	184	824
Penalties Assessed	\$319,300	\$712,900	\$572,900	\$737,700	\$360,200	\$2,703,000

\* Table 12 presents yearly fluctuation in the number of Failure to Report Penalties and assessed penalty amounts.

Data Source: APSEN Database

Date: July 2, 2012

**Table 13**

<b>Other Applicable Activities</b> Health & Safety Section 1266 (d)(2)(b)(vi) Surveyors Training Provided in FY 2011-12	
Course Name and Description	Number of Surveyors Trained:
CA Meeting State Performance Standards (F4) Timeliness of Upload into Oscar-Odie of Standard Surveys for Non-Deemed Hospitals & Nursing Homes	105
CMS Discharge Planning Webinar	1
CMS First Things First: Nursing Assessments in ICFMRs	7
CMS Hospital Immediate Jeopardy Webinar	61
Investigating Falls & Fractures	159
Investigating Pressure Ulcers	72
Major Changes in MDS 3.0	218
State Performance Standard EMTALA Training	155
The Consent & Informed Consent in Skilled Nursing Facilities	105
Transforming the Nursing Home End-of-Life Experience Coalition for Compassionate Care in CA	69
Using the Aspen Scheduling & Tracking System (AST) Making it Work for You	153
New Surveyor Orientation Academy	4
2012 Supervisor Academy	128
Basics of Infection Prevention 2 Day Mini- Course	4
Preventing Probation Pitfalls	26
Immediate Jeopardy Review & Discussion	32
Findings of the APIC ASC Conference - Infection Control	31
Elements of a SNF Recertification Survey Plan of Correction	25
Federal Home Health Agency (HHA) Basic	45
Basic EMTALA - Part I, Fundamentals	18
Basic ICF-MR Surveyor Training	4
Basic Life Safety Code Online	1
Basic Life Safety Code Surveyor Training	5
Basic Long Term Care Surveyor Training	2
CA State Performance Standard EMTALA Training	154
CA Timeliness of Upload into OSCAR-ODIE	3
CMS Basic Home Health Agency Surveyor Training	55
CMS Basic Hospice Surveyor Training	12
CMS Basic Hospital Surveyor Training	96
CMS Basic Long Term Care Surveyor Training	27
CMS Partnership for Patients Training	3
Emergency Medical Treatment and Labor Act	27
End Stage Renal Disease Annual Update	6
End Stage Renal Disease Basic Technical Training	19
ESRD Core Survey	3
Fire Safety Evaluation System / Board and Care	5
Fire Safety Evaluation System / Health Care	8
Fundamentals of Patient Safety in Hospitals	95
NFPA 99 Health Care Facilities	10
RAI Coordinators Meeting	2
STAR Training	1
Surveyor Technical Assistant for Renal Disease	8
Transplant Hospital Training	2
General Principles of Infection Control	13
Surveying for Infection Control in Skilled Nursing Facilities	15

Data Source: Staff Education and Quality Improvement Section

**Table 14**

<b>Number of Personnel Devoted to the Nursing Home Administrator Program</b> Health and Safety Code Section 1416.36 FY 2011-12		
	<b># of</b>	<b>% of</b>
	<b>Positions</b>	<b>Total</b>
Analysts/Support Staff	4	80%
Managers/Supervisors	1	20%
<b>Total</b>	5	100.00%

**Table 15**

<b>Nursing Home Administrator Program</b> <b>License, Exam, and AIT Program</b> Health & Safety Code Section 1416.36 (d)(1)(C)(i)(ii)(iii)(iv)(v)(vi)(vii) FY 2007-2012							
		FY 07/08	FY 08/09	FY 09/10	FY 10/11	FY 11/12	FY 12/13 ***
(i) Persons applying for NHA License	Applied	**	**	**	**	**	47
	Approved	76	98	120	108	109	47
	Denied	**	**	**	**	**	0
	Renewed	1,063	1,348	1,131	1,365	1,250	530
(ii) State Exam	Examinees	187	240	227	249	206	105
	Passed	85	120	116	137	110	71
	Failed	102	120	111	112	96	34
(iii) AIT Program	Applied	**	**	**	**	**	53
	Accepted	68	256	23	18	51	53
	Completed	129	235	26	16	25	33
(iv) Complaints	AIT	**	**	**	**	0	0
(see footnotes below for source <sup>[1]</sup> & disposition <sup>[2]</sup> )	NHA	17	34	58	16	17	35
(v) Actions Against NHA's(see footnotes below for type of action[3])	Number	25	47	82	31	53	70
(vi) NHA Violations	See Table 15						
(vii) NHA Appeals, Informal Conferences or Hearings Held(see footnote for number of actions[4])	Number	8	2	2	8	8	2
	Time Between Request & Final Determination	1 – 10 mos.	2 mos.	9 – 25 mos.	1 – 5 mos.	1 – 7 mos.	1 – 2 mos.

\*\*Data not available

\*\*\*Current FY data July 1 – November 30, 2012

[1] Sources of complaints include mail, email, and telephone.

[2] Dispositions include completed, pending, and new.

[3] Types of actions against Nursing Home Administrator's include warnings, suspensions, revocations, denials, probations, and fines.

[4] Actions taken against Nursing Home Administrator's and number of appeals, informal conferences or hearings are equal.

**Table 16**

<b>Nursing Home Administrator Violations</b> Health & Safety Code Section 1416.36 (d)(1)(C)(vi) FY 2007-2012			
NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
6545	Personnel issues	Case closed – allegation not substantiated	08-Jul
1564	Patient care	Case closed – allegation not substantiated	08-Jul
6852	Miscellaneous	Case closed – allegation not substantiated	08-Jul
3274	Personnel issues	Case closed – allegation not substantiated	08-Jul
28	Patient care	Case closed – allegation not substantiated	08-Jul
3420	Personnel issues	Case closed – allegation not substantiated	08-Jul
6284	Miscellaneous	Case closed – allegation not substantiated	08-Jul
5484	Patient care	Case closed – suspended for one year	08-Jul
3285	CORI *	Case closed – not substantiated	08-Jul
6404	Personnel issues	Case closed – allegation not substantiated	08-Jul
7150	Personnel issues	Case closed – allegation not substantiated	08-Jul
6741	Patient care	Case closed – allegation not substantiated	08-Jul
4327	Personnel issues	Case closed – allegation not substantiated	08-Jul
6513	Personnel issues	Case closed – allegation not substantiated	08-Jul
5691	Dissatisfaction of services provided	Case closed – probation completed	08-Jul
6619	Miscellaneous	Case closed – license expired	08-Jul
6792	CORI	Case closed – not substantiated	08-Jul
3290	Personnel issues	Case closed – allegation not substantiated	09-Aug
6557	Miscellaneous	Case closed – allegation not substantiated	09-Aug
6609	Patient care	Case closed – allegation not substantiated	09-Aug
6920	Miscellaneous	Case closed – allegation not substantiated	09-Aug
5319	Miscellaneous	Case closed – allegation not substantiated	09-Aug
6595	Patient care	Case closed – allegation not substantiated	09-Aug
6116	Patient care	Case closed – allegation not substantiated	09-Aug
6307	Miscellaneous	Case closed – allegation not substantiated	09-Aug

\* Criminal Offender Record Information

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
6868	Miscellaneous	Case closed – allegation not substantiated	09-Aug
7056	Dissatisfaction of services provided	Case closed – allegation not substantiated	09-Aug
6751	CORI	Case closed – not substantiated	09-Aug
6413	CORI	Case closed – not substantiated	09-Aug
6950	CORI	Case closed – not substantiated	09-Aug
5228	Miscellaneous	Case closed – allegation not substantiated	09-Aug
5082	Dissatisfaction of services	Case closed – allegation not substantiated	09-Aug
6231	CORI	Case closed – not substantiated	09-Aug
7201	Patient care	Case closed – allegation not substantiated	09-Aug
6506	Personnel issues	Case closed – allegation not substantiated	09-Aug
7172	CORI	Case closed – license expired	09-Aug
5831	Dissatisfaction of services provided	Case closed – allegation not substantiated	09-Aug
6862	CORI	Case closed – not substantiated	09-Aug
6871	CORI	Case closed – not substantiated	09-Aug
6577	Patient care	Case closed – allegation not substantiated	09-Aug
7055	Miscellaneous	Case closed – allegation not substantiated	09-Aug
4647	Dissatisfaction of services provided	Case closed – allegation not substantiated	09-Aug
6337	Miscellaneous	Case closed – allegation not substantiated	09-Aug
5476	Personnel issues	Case closed – allegation not substantiated	09-Aug
7060	Patient care	NHA currently on probation	09-Aug
5883	Patient care	Case closed – allegation not substantiated	09-Aug
5173	Patient care	Case closed – allegation not substantiated	09-Aug
6619	Patient care	Case closed – license expired	09-Aug
4198	Patient care	Case closed – allegation not substantiated	09-Aug
5902	Patient care	Case closed – allegation not substantiated	09-Aug

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
7129	Miscellaneous	Case closed – allegation not substantiated	09-Aug
6104	CORI	Case closed – license revoked	10-Sep
5518	Patient care	Case closed – allegation not substantiated	10-Sep
6960	Patient care	Case closed – allegation not substantiated	10-Sep
6087	Patient care	Case closed – allegation not substantiated	10-Sep
7302	Patient care	Case closed – allegation not substantiated	10-Sep
2006	CORI	Case closed – not substantiated	10-Sep
6353	CORI	Case closed – not substantiated	10-Sep
5032	CORI	Case closed – not substantiated	10-Sep
7008	CORI	Case closed – not substantiated	10-Sep
1194	CORI	Case closed – not substantiated	10-Sep
7135	Personnel issues	Case closed – allegation not substantiated	10-Sep
7299	CORI	Case closed – not substantiated	10-Sep
6104	CORI	Case closed – not substantiated	10-Sep
6816	Personnel issues	Case closed – allegation not substantiated	10-Sep
6209	Dissatisfaction of services provided	Case closed – allegation not substantiated	10-Sep
7151	CORI	Case closed – not substantiated	10-Sep
6703	CORI	Case closed – not substantiated	10-Sep
6872	Dissatisfaction of services provided	Case closed – allegation not substantiated	10-Sep
3779	Miscellaneous	Case closed – allegation not substantiated	10-Sep
5526	Miscellaneous	Case closed – allegation not substantiated	10-Sep
4080	Personnel issues	Case closed – allegation not substantiated	10-Sep
312	Miscellaneous	Case closed – allegation not substantiated	10-Sep
5165	Miscellaneous	Case closed – allegation not substantiated	10-Sep
4391	Patient care	Case closed – allegation not substantiated	10-Sep



NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
6975	Dissatisfaction of services provided	Case closed – allegation not substantiated	10-Sep
6972	Personnel issues	Case closed – allegation not substantiated	10-Sep
6945	Personnel issues	Case closed – allegation not substantiated	10-Sep
6303	Personnel issues	Case closed – allegation not substantiated	10-Sep
6476	Dissatisfaction of services provided	Case closed – allegation not substantiated	10-Sep
6386	Patient care	Case closed – allegation not substantiated	10-Sep
7245	CORI	Case closed – not substantiated	10-Sep
7018	Patient care	Case closed – allegation not substantiated	10-Sep
6942	CORI	Case closed – not substantiated	10-Sep
6467	Patient care	Case closed – Preceptor approval revoked	10-Sep
6753	CORI	Case closed – not substantiated	10-Sep
6587	Patient care	Case closed – allegation not substantiated	10-Sep
7186	Personnel issues	Case closed – allegation not substantiated	10-Sep
7333	Patient care	Case closed – allegation not substantiated	10-Sep
6745	CORI	Case closed – not substantiated	10-Sep
6353	CORI	Case closed – not substantiated	10-Sep
6303	Personnel issues	Case closed – allegation not substantiated	10-Sep
6972	Patient care	Case closed – allegation not substantiated	10-Sep
6975	Personnel issues	Case closed – allegation not substantiated	10-Sep
7126	Personnel issues	Case closed – allegation not substantiated	10-Sep
5866	Personnel issues	Case closed – allegation not substantiated	10-Sep
7096	Personnel issues	Case closed – allegation not substantiated	10-Sep
5449	Miscellaneous	NHA currently on probation	10-Sep
6984	Personnel issues	Case closed – allegation not substantiated	10-Sep
6501	Personnel issues	Case closed – allegation not substantiated	10-Sep

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
6898	Miscellaneous	Case closed – allegation not substantiated	10-Sep
6471	Miscellaneous	Case closed – allegation not substantiated	10-Sep
7345	Personnel issues	Case closed – allegation not substantiated	10-Sep
7166	Miscellaneous	Case closed – allegation not substantiated	10-Sep
6926	CORI	Case closed – not substantiated	10-Sep
3744	Personnel issues	Case closed – allegation not substantiated	10-Sep
6376	Patient care	Case closed – citation upheld	10-Sep
4856	Patient care	Case closed – citation upheld	10-Sep
6528	Patient care	Case closed – citation upheld	10-Sep
6971	Personnel issues	Case closed – allegation not substantiated	11-Oct
4495	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
6750	CORI	Case closed – license suspended one year	11-Oct
6426	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
6418	Miscellaneous	Case closed – allegation not substantiated	11-Oct
6745	Patient care	Case closed – allegation not substantiated	11-Oct
7090	Personnel issues	Case closed – allegation not substantiated	11-Oct
7188	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
6333	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
5190	Patient care	Case closed – allegation not substantiated	11-Oct
4113	Patient care	Case closed – allegation not substantiated	11-Oct
7428	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
5060	Personnel issues	Case closed – allegation not substantiated	11-Oct
7467	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
5705	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct
7067	Dissatisfaction of services provided	Case closed – allegation not substantiated	11-Oct

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
6924	Personnel issues	Case closed – allegation not substantiated	11-Oct
3420	Patient care	Case closed – allegation not substantiated	12-Nov
7264	Patient care	Case closed – allegation not substantiated	12-Nov
5381	Personnel issues	Case closed – allegation not substantiated	12-Nov
7010	Personnel issues	Case closed – allegation not substantiated	12-Nov
196	Personnel issues	Case closed – allegation not substantiated	12-Nov
4956	Dissatisfaction of services provided	Case closed – allegation not substantiated	12-Nov
6650	Miscellaneous	Case closed – probation completed	12-Nov
5873	Dissatisfaction of services provided	Case closed – allegation not substantiated	12-Nov
7494	Personnel issues	Case closed – allegation not substantiated	12-Nov
5178	Patient care	Case closed – allegation not substantiated	12-Nov
6868	Personnel issues	Case closed – allegation not substantiated	12-Nov
6783	Patient care	NHA currently on probation	12-Nov
7117	Personnel issues	Case closed – allegation not substantiated	12-Nov
7428	Personnel issues	Case closed – allegation not substantiated	12-Nov
7004	Miscellaneous	Case closed – allegation not substantiated	12-Nov
7173	Miscellaneous	Open investigation	12-Nov
7145	Miscellaneous	Open investigation	12-Nov
7048	Patient care	Case closed – allegation not substantiated	13-Dec
6184	Patient care	Case closed – allegation not substantiated	13-Dec
6921	Patient care	Open investigation	13-Dec
6668	Patient care	Open investigation	13-Dec
7273	Patient care	Open investigation	13-Dec
6775	Patient care	Open investigation	13-Dec
6852	Dissatisfaction of services provided	Case closed – allegation not substantiated	13-Dec
3744	Dissatisfaction of services provided	Case closed – allegation not substantiated	13-Dec

NHA #	Complaint/Allegation	Final Administrative, Remedial, or Disciplinary Action	FY
7337	Dissatisfaction of services provided	Case closed – allegation not substantiated	13-Dec
5027	Patient care	Open investigation	13-Dec
5355	Patient care	Open investigation	13-Dec
3766	Patient care	Open investigation	13-Dec
7416	Patient care	Open investigation	13-Dec
5282	Miscellaneous	Case closed – allegation not substantiated	13-Dec
7607	Patient care	Open investigation	13-Dec
7170	Patient care	Open investigation	13-Dec
5839	Patient care	Open investigation	13-Dec
5965	Patient care	Open investigation	13-Dec
144	Patient care	Case closed – allegation not substantiated	13-Dec
4366	Patient care	Case closed – allegation not substantiated	13-Dec
3256	Patient care	Open investigation	13-Dec
6641	Patient care	Open investigation	13-Dec
2841	Patient care	Open investigation	13-Dec
7292	Patient care	Open investigation	13-Dec
4642	Patient care	Open investigation	13-Dec
7286	Patient care	Open investigation	13-Dec
3883	Patient care	Open investigation	13-Dec
3522	Patient care	Open investigation	13-Dec
6513	Patient care	Open investigation	13-Dec
5870	Patient care	Open investigation	13-Dec
6428	Patient care	Open investigation	13-Dec
7149	Patient care	Open investigation	13-Dec
6418	Patient care	Open investigation	13-Dec
6532	Patient care	Case closed – allegation not substantiated	13-Dec
6873	Patient care	Open investigation	13-Dec

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH**  
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FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
ALTERNATIVE BIRTHING CENTERS	RE-LICENSURE	8	33%	2.67	HSC 1228 ONCE EVERY 3 YRS	24.56	65.58	100%	65.58	0.01%	<b>0.01%</b>
SUBTOTAL				<b>2.67</b>			<b>65.58</b>		<b>65.58</b>	<b>0.01%</b>	
ADULT DAY HEALTH CENTER	RE-LICENSURE	300	50%	150.00	HSC 1583 ONCE EVERY 2 YRS	78.32	11,748.00	100%	11,748.00	2.53%	<b>2.82%</b>
	INITIAL LICENSURE			1.00	STATE WORKLOAD EST FY 13-14	37.05	37.05	100%	37.05	0.01%	
	COMPLAINT (or ERI)			45.20	STATE WORKLOAD EST FY 13-14	29.25	1,322.10	100%	1,322.10	0.28%	
SUBTOTAL				<b>196.20</b>			<b>13,107.15</b>		<b>13,107.15</b>	<b>2.82%</b>	
ACUTE PSYCHIATRIC HOSPITAL	RE-LICENSURE	38	33%	12.54	HSC 1279 (b) ONCE EVERY 3 YRS	66.10	828.89	100%	828.89	0.18%	<b>1.60%</b>
	FIELD VISITS			3.00	STATE WORKLOAD EST FY 13-14	10.12	30.36	100%	30.36	0.01%	
	COMPLAINT (or ERI)			786.00	STATE WORKLOAD EST FY 13-14	8.31	6,531.66	100%	6,531.66	1.41%	
SUBTOTAL				<b>801.54</b>			<b>7,390.91</b>		<b>7,390.91</b>	<b>1.60%</b>	
CHRONIC DIALYSIS CLINIC / ESRD	RE-LICENSURE	470	33%	155.10	HSC 1228 ONCE EVERY 3 YRS	12.83	1,989.93	100%	1,989.93	0.43%	<b>1.37%</b>
	INITIAL LICENSURE			17.00	STATE WORKLOAD EST FY 13-14	21.92	372.64	100%	372.64	0.08%	
	COMPLAINT (or ERI)			170.49	STATE WORKLOAD EST FY 13-14	11.07	1,887.32	100%	1,887.32	0.41%	
	FIELD VISITS-LIC			7.00	STATE WORKLOAD EST FY 13-14	1.76	12.32	100%	12.32	0.00%	
	TARGETED SAMPLE			55.00	FEDERAL WORKLOAD EST FY 12-13	113.85	6,261.75	25%	1,565.44	0.34%	
	RE-CERTIFICATION FOLLOW-UP/REVISITS			19.00	FEDERAL WORKLOAD EST FY 12-13	40.55	770.45	25%	192.61	0.04%	
	LIFE SAFETY CODE			15.00	FEDERAL WORKLOAD EST FY 12-13	10.74	161.10	25%	40.28	0.01%	
	COMPLAINT INVESTIGATION - NLTC			50.00	FEDERAL WORKLOAD EST FY 12-13	22.21	1,110.50	25%	277.63	0.06%	
SUBTOTAL				<b>488.59</b>			<b>12,566.02</b>		<b>6,338.17</b>	<b>1.37%</b>	

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FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
CHEMICAL DEPENDENCY RECOVERY HOSPITAL	RE-LICENSURE	6	50%	3.00	HSC 1279 ONCE EVERY 2 YRS	103.00	309.00	100%	309.00	0.07%	<b>0.11%</b>
	COMPLAINT (or ERI)			27.56	STATE WORKLOAD EST FY 13-14	7.00	192.92	100%	192.92	0.04%	
	<b>SUBTOTAL</b>			<b>30.56</b>			<b>501.92</b>		<b>501.92</b>	<b>0.11%</b>	
CONGREGATE LIVING HEALTH FACILITY	RE-LICENSURE	55	50%	27.50	HSC 1422 ONCE EVERY 2 YRS	12.66	348.15	100%	348.15	0.07%	<b>0.18%</b>
	INITIAL LICENSURE			3.00	STATE WORKLOAD EST FY 13-14	13.98	41.94	100%	41.94	0.01%	
	COMPLAINT (or ERI)			28.67	STATE WORKLOAD EST FY 13-14	16.22	465.03	100%	465.03	0.10%	
	FIELD VISITS			1.00	STATE WORKLOAD EST FY 13-14	19.72	19.72	100%	19.72	0.00%	
	<b>SUBTOTAL</b>			<b>60.17</b>			<b>874.84</b>		<b>874.84</b>	<b>0.18%</b>	
COMMUNITY CLINIC	RE-LICENSURE	994	33%	328.02	HSC 1228(a) ONCE EVERY 3 YRS	12.07	3,959.20	100%	3,959.20	0.85%	<b>1.27%</b>
	INITIAL LICENSURE			28.00	STATE WORKLOAD EST FY 13-14	37.42	1,047.76	100%	1,047.76	0.23%	
	COMPLAINT (or ERI)			68.36	STATE WORKLOAD EST FY 13-14	8.52	582.43	100%	582.43	0.13%	
	FIELD VISITS			6.00	STATE WORKLOAD EST FY 13-14	12.58	75.48	100%	75.48	0.02%	
	TARGETED SURVEYS (RHC)			14.00	FEDERAL WORKLOAD EST FY 12-13	59.17	828.38	25%	207.10	0.04%	
	<b>SUBTOTAL</b>			<b>444.38</b>			<b>6,493.25</b>		<b>5,871.96</b>	<b>1.27%</b>	
CORRECTIONAL TREATMENT CENTERS	RE-LICENSURE	19	50%	9.50	HSC 1279 ONCE EVERY 2 YRS	130.84	1,242.98	100%	1,242.98	0.27%	<b>0.37%</b>
	COMPLAINT (or ERI)			56.00	STATE WORKLOAD EST FY 13-14	6.98	390.88	100%	390.88	0.08%	
	FIELD VISITS			1.00	STATE WORKLOAD EST FY 13-14	76.37	76.37	100%	76.37	0.02%	
	<b>SUBTOTAL</b>			<b>66.50</b>			<b>1,710.23</b>		<b>1,710.23</b>	<b>0.37%</b>	

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FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
GENERAL ACUTE CARE HOSPITAL	RE-LICENSURE	437	33%	144.21	HSC 1279(a) ONCE EVERY 3 YRS	18.60	2,682.31	100%	2,682.31	0.58%	22.84%
	PATIENT SAFETY LICENSING			26.00	STATE WORKLOAD EST FY 13-14	72.98	1,897.48	100%	1,897.48	0.41%	
	RE-LICENSURE FOLLOW UP			2.00	STATE WORKLOAD EST FY 13-14	3.05	6.10	100%	6.10	0.00%	
	INITIAL LICENSURE			18.00	STATE WORKLOAD EST FY 13-14	70.57	1,270.26	100%	1,270.26	0.27%	
	COMPLAINT (or ERI)			8,192.45	STATE WORKLOAD EST FY 13-14	9.66	79,139.07	100%	79,139.07	17.04%	
	REVIEW MEDICAL ERROR PLAN			100.00	STATE WORKLOAD EST FY 13-14	69.84	6,984.00	100%	6,984.00	1.50%	
	FIELD VISITS			310.00	STATE WORKLOAD EST FY 13-14	7.44	2,306.40	100%	2,306.40	0.50%	
	RECERTIFICATION (Trans Ctr)			12.00	FEDERAL WORKLOAD EST FY 12-13	396.47	4,757.64	25%	1,189.41	0.26%	
	5 YEAR MAX INTERVAL (NON ACCREDITED)			14.00	FEDERAL WORKLOAD EST FY 12-13	396.47	5,550.58	25%	1,387.65	0.30%	
	TARGETED SAMPLE (NON ACCREDITED)			2.00	FEDERAL WORKLOAD EST FY 12-13	396.47	792.94	25%	198.24	0.04%	
	COMPLAINT SURVEY (NON-ACCREDITED)			300.00	FEDERAL WORKLOAD EST FY 12-13	94.61	28,383.00	25%	7,095.75	1.53%	
	FOLLOW UP/REVISITS (NON ACCREDITED)			10.00	FEDERAL WORKLOAD EST FY 12-13	171.13	1,711.30	25%	427.83	0.09%	
	COMPLAINT INVESTG NLTC EMTALA (N-ACCREDITED)			36.00	FEDERAL WORKLOAD EST FY 12-13	30.50	1,098.00	25%	274.50	0.06%	
	LIFE SAFETY CODE (ACCREDITED)			60.00	FEDERAL WORKLOAD EST FY 12-13	78.94	4,736.40	25%	1,184.10	0.26%	
	LIFE SAFETY CODE - FOLLOW UP(ACCREDITED)			2.00	FEDERAL WORKLOAD EST FY 12-13	1.38	2.76	25%	0.69	0.00%	
SUBTOTAL				9,228.66			141,318.23		106,043.77	22.84%	

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FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
HOME HEALTH AGENCIES	RE-LICENSURE	422	100%	422.00	HSC 1733 NO LESS THAN ONCE A YEAR EXCEPT FACILITY PARTICIPATING IN MEDICARE AND MEDICAL PROGRAM	7.87	3,321.14	100%	3,321.14	0.72%	3.37%
	INITIAL LICENSURE			111.00	STATE WORKLOAD EST FY 13-14	16.29	1,808.19	100%	1,808.19	0.39%	
	INITIAL LICENSURE FOLLOW UP			2.00	STATE WORKLOAD EST FY 13-14	13.25	26.50	100%	26.50	0.01%	
	COMPLAINT (or ERI)			228.66	STATE WORKLOAD EST FY 13-14	12.31	2,814.80	100%	2,814.80	0.61%	
	FIELD VISITS			17.00	STATE WORKLOAD EST FY 13-14	6.71	114.07	100%	114.07	0.02%	
	RECERTIFICATION (NON ACCREDITED)			208.00	FEDERAL WORKLOAD EST FY 12-13	118.00	24,544.00	25%	6,136.00	1.32%	
	ADD'L TARGETED SAMPLE			31.00	FEDERAL WORKLOAD EST FY 12-13	118.00	3,658.00	25%	914.50	0.20%	
	RECERTIFICATION FOLLOW UP / REVISI TS			49.00	FEDERAL WORKLOAD EST FY 12-13	39.71	1,945.79	25%	486.45	0.10%	
	SUBTOTAL			1,068.66			38,232.49		15,621.65	3.37%	
HOSPICES	RE-LICENSURE	435		10.00	STATE WORKLOAD EST FY 13-14	15.96	159.60	100%	159.60	0.03%	1.23%
	INITIAL LICENSURE			58.00	STATE WORKLOAD EST FY 13-14	11.41	661.78	100%	661.78	0.14%	
	INITIAL LICENSURE FOLLOW UP			1.00	STATE WORKLOAD EST FY 13-14	8.57	8.57	100%	8.57	0.00%	
	COMPLAINT (or ERI)			133.20	STATE WORKLOAD EST FY 13-14	15.99	2,129.87	100%	2,129.87	0.46%	
	FIELD VISITS			3.00	STATE WORKLOAD EST FY 13-14	8.93	26.79	100%	26.79	0.01%	
	RE-CERTIFICATION			42.00	FEDERAL WORKLOAD EST FY 12-13	121.12	5,087.04	25%	1,271.76	0.27%	
	TARGETED SURVEYS			14.00	FEDERAL WORKLOAD EST FY 12-13	121.12	1,695.68	25%	423.92	0.09%	
	RECERTIFICATION FOLLOW UP / REVISI TS			28.00	FEDERAL WORKLOAD EST FY 12-13	54.19	1,517.32	25%	379.33	0.08%	
	LIFE SAFETY CODE			56.00	FEDERAL WORKLOAD EST FY 12-13	14.12	790.72	25%	197.68	0.04%	
	LIFE SAFETY CODE- FOLLOW UP			28.00	FEDERAL WORKLOAD EST FY 12-13	70.48	1,973.44	25%	493.36	0.11%	
	SUBTOTAL			373.20			14,050.81		5,752.66	1.23%	



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FACILITY TYPES	ACTIVITIES	LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
INTERMEDIATE CARE FACILITY	RE-LICENSURE	5	50%	2.50	HSC 1422 1 YR OR EVERY 2 YRS	86.26	215.65	100%	215.65	0.05%	1.03%
	INITIAL LICENSURE			1.00	STATE WORKLOAD EST FY 13-14	16.73	16.73	100%	16.73	0.00%	
	COMPLAINT (or ERI)			561.17	STATE WORKLOAD EST FY 13-14	8.03	4,506.20	100%	4,506.20	0.97%	
	FIELD VISITS			4.00	STATE WORKLOAD EST FY 13-14	6.39	25.56	100%	25.56	0.01%	
	SUBTOTAL			568.67			4,764.14		4,764.14	1.03%	
ICF - DD; DDH; DDN	RE-LICENSURE	1,189	50%	594.50	HSC 1422 1 YR OR EVERY 2 YRS	25.49	15,153.81	100%	15,153.81	3.26%	12.11%
	INITIAL LICENSURE			12.00	STATE WORKLOAD EST FY 13-14	26.46	317.52	100%	317.52	0.07%	
	COMPLAINT (or ERI)			3,364.84	STATE WORKLOAD EST FY 13-14	7.10	23,890.36	100%	23,890.36	5.15%	
	FIELD VISITS			8.00	STATE WORKLOAD EST FY 13-14	7.31	58.48	100%	58.48	0.01%	
	RECERTIFICATION (ICF-DD-MR)			1,186.00	FEDERAL WORKLOAD EST FY 12-13	45.74	54,247.64	25%	13,561.91	2.92%	
	RECERTIFICATION FOLLOW UP / REVISI TS			47.44	FEDERAL WORKLOAD EST FY 12-13	12.72	603.44	25%	150.86	0.03%	
	LIFE SAFETY CODE - FOLLOW UP			1,186.00	FEDERAL WORKLOAD EST FY 12-13	3.78	4,483.08	25%	1,120.77	0.24%	
	LIFE SAFETY CODE			1,186.00	FEDERAL WORKLOAD EST FY 12-13	6.70	7,946.20	25%	1,986.55	0.43%	
	SUBTOTAL			7,584.78			106,700.53		56,240.26	12.11%	

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PEDIATRIC DAY HEALTH RESPITE CARE	RE-LICENSURE	16		-	STATE WORKLOAD EST FY 13-14	-	-	100%	-	0.00%	0.04%
	INITIAL LICENSURE			2.00	STATE WORKLOAD EST FY 13-14	43.75	87.50	100%	87.50	0.02%	
	COMPLAINT (or ERI)			9.92	STATE WORKLOAD EST FY 13-14	10.63	105.45	100%	105.45	0.02%	
	FIELD VISITS			1.00	STATE WORKLOAD EST FY 13-14	2.02	2.02	100%	2.02	0.00%	
	SUBTOTAL			12.92			194.97		194.97	0.04%	
PSYCHOLOGY CLINIC	RE-LICENSURE	25	33%	8.25	HSC 1228 ONCE EVERY 3 YRS	48.82	402.77	100%	402.77	0.09%	0.09%
	INITIAL LICENSURE			1.00	STATE WORKLOAD EST FY 13-14	7.25	7.25	100%	7.25	0.00%	
	SUBTOTAL			9.25			410.02		410.02	0.09%	
REFERRAL AGENCIES	RE-LICENSURE	6		2.00	STATE WORKLOAD EST FY 13-14	50.00	100.00	100%	100.00	0.02%	0.02%
	INITIAL LICENSURE			1.00	STATE WORKLOAD EST FY 13-14	14.50	14.50	100%	14.50	0.00%	
	SUBTOTAL			3.00			114.50		114.50	0.02%	
REHAB CLINIC / OPT / CORF	RE-LICENSURE	16	33%	5.28	HSC 1288 ONCE EVERY 3 YRS EXCEPT CERTIFIED FACILITY	32.00	168.96	100%	168.96	0.04%	0.08%
	INITIAL LICENSURE			1.00	STATE WORKLOAD EST FY 13-14	16.46	16.46	100%	16.46	0.00%	
	COMPLAINT (or ERI)			3.00	STATE WORKLOAD EST FY 13-14	4.22	12.66	100%	12.66	0.00%	
	TARGETED SURVEYS (OPT)			8.00	FEDERAL WORKLOAD EST FY 12-13	80.80	646.40	25%	161.60	0.03%	
	5 % TARGETED SURVEYS (CORF)			3.00	FEDERAL WORKLOAD EST FY 12-13	76.00	228.00	25%	57.00	0.01%	
	SUBTOTAL			20.28			1,072.48		416.68	0.08%	

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SKILLED NURSING FACILITY	RE-LICENSURE	1,286	50%	643.00	HSC 1422 1 YR OR EVERY 2 YRS	55.04	35,390.72	100%	35,390.72	7.62%	50.56%
	RE- LICENSURE FOLLOW UP			3.00	STATE WORKLOAD EST FY 13-14	2.06	6.18	100%	6.18	0.00%	
	INITIAL LICENSURE			4.00	STATE WORKLOAD EST FY 13-14	67.72	270.88	100%	270.88	0.06%	
	COMPLAINT (or ERI)			8,462.13	STATE WORKLOAD EST FY 13-14	10.89	90,837.23	100%	90,837.23	19.56%	
	FIELD VISITS			51.00	STATE WORKLOAD EST FY 13-14	4.90	249.90	100%	249.90	0.05%	
	RECERTIFICATION (NF - TITLE 19)			62.00	FEDERAL WORKLOAD EST FY 12-13	170.13	10,548.06	25.00%	2,637.02	0.57%	
	RECERTIFICATION (SNF/NF - TITLE 18/19)			1,119.00	FEDERAL WORKLOAD EST FY 12-13	170.13	190,375.47	12.50%	23,796.93	5.13%	
	RECERTIFICATION FOLLOW UP / REVISITS (NF - TITLE 19)			7.00	FEDERAL WORKLOAD EST FY 12-13	41.89	293.23	25.00%	73.31	0.02%	
	RECERTIFICATION FOLLOW UP/REVISI TS (SNF/NF - TITLE 18/19)			123.09	FEDERAL WORKLOAD EST FY 12-13	41.89	5,156.24	12.50%	644.53	0.14%	
	LIFE SAFETY CODE (NF - TITLE 19)			62.00	FEDERAL WORKLOAD EST FY 12-13	15.33	950.46	25.00%	237.62	0.05%	
	LIFE SAFETY CODE (SNF/NF - TITLE 18/19)			1,119.00	FEDERAL WORKLOAD EST FY 12-13	15.33	17,154.27	12.50%	2,144.28	0.46%	
	LIFE SAFETY CODE - FOLLOW UP (NF - TITLE 19)			2.00	FEDERAL WORKLOAD EST FY 12-13	7.11	14.22	25.00%	3.56	0.00%	
	LIFE SAFETY CODE - FOLLOW UP SNF/(NF - TITLE 18/19)			33.57	FEDERAL WORKLOAD EST FY 12-13	7.11	210.63	12.50%	26.33	0.01%	

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SKILLED NURSING FACILITY (Continued)	COMPLAINT INVESTG - LTC (NF - TITLE 19)			268.00	FEDERAL WORKLOAD EST FY 12-13	10.89	2,918.52	25.00%	729.63	0.16%	
	COMPLAINT INVESTG - LTC (SNF/NF - TITLE 18/19)			6,750.00	FEDERAL WORKLOAD EST FY 12-13	10.89	73,507.50	100.00%	73,507.50	15.83%	
	INFORMAL DISPUTE RESLN (NF - TITLE 19)			20.00	FEDERAL WORKLOAD EST FY 12-13	4.00	80.00	25.00%	20.00	0.00%	
	INFORMAL DISPUTE RESLN (SNF/NF - TITLE 18/19)			369.00	FEDERAL WORKLOAD EST FY 12-13	4.00	1,476.00	12.50%	184.50	0.04%	
	FEDERAL HEARING (NF - TITLE 19)			4.00	FEDERAL WORKLOAD EST FY 12-13	500.00	2,000.00	25.00%	500.00	0.11%	
	FEDERAL HEARING (SNF/NF - TITLE 18/19)			55.00	FEDERAL WORKLOAD EST FY 12-13	500.00	27,500.00	12.50%	3,437.50	0.74%	
	PRE-REFERRAL HEARING (SNF - TITLE 19)			4.00	FEDERAL WORKLOAD EST FY 12-13	2.00	8.00	25.00%	2.00	0.00%	
	PRE-REFERRAL HEARING (SNF/NF - TITLE 18/19)			55.00	FEDERAL WORKLOAD EST FY 12-13	2.00	110.00	12.50%	13.75	0.00%	
	MONITORING VISITS (SNF - TITLE 19)			4.00	FEDERAL WORKLOAD EST FY 12-13	5.00	20.00	25.00%	5.00	0.00%	
	MONITORING VISITS (SNF/NF - TITLE 18/19)			55.00	FEDERAL WORKLOAD EST FY 12-13	5.00	275.00	12.50%	34.38	0.01%	
	OTHER MISC ACTIVITIES (APPEALS, HEARING, ETC)			20.00	FEDERAL WORKLOAD EST FY 12-13	2.50	50.00	12.50%	6.25	0.00%	
	SUBTOTAL			19,294.79			459,402.51		234,758.99	50.56%	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
Licensing and Certification Program  
State Workload Percentages FY 13-14

		LICENSED FACILITY COUNT	ANNUALIZED SURVEY RATE	WORKLOAD SURVEY STATE WORKLOAD EST FY 13-14	SURVEY BASIS	STD AVG HRS (Direct Hrs + Facility Admin Hrs)	WORKLOAD SURVEY HOURS	STATE MATCH %	STATE WORKLOAD HOURS	STATE WORKLOAD % TO TOTAL STATE WORKLOAD BY ACTIVITY	STATE WORKLOAD % BY FACILITY TYPE
FACILITY TYPES	ACTIVITIES										
SURGICAL CLINIC / ASC	RE-LICENSURE	37	33%	12.21	HSC 1228 ONCE EVERY 3 YRS	1.00	12.21	100%	12.21	0.00%	0.90%
	INITIAL LICENSURE			2.00	STATE WORKLOAD EST FY 13-14	35.80	71.60	100%	71.60	0.02%	
	COMPLAINT (OR ERI)			23.54	STATE WORKLOAD EST FY 13-14	8.26	194.44	100%	194.44	0.04%	
	TARGETED SURVEY - NON-DEEMED			113.00	FEDERAL WORKLOAD EST FY 12-13	97.42	11,008.46	25%	2,752.12	0.59%	
	RECERTIFICATION FOLLOW UP / REVISI TS			67.00	FEDERAL WORKLOAD EST FY 12-13	27.87	1,867.29	25%	466.82	0.10%	
	COMPLAINT VALIDATION - NLTC			3.00	FEDERAL WORKLOAD EST FY 12-13	31.22	93.66	25%	23.42	0.01%	
	COMPLAINT INVESTIGATION - NLTC			33.00	FEDERAL WORKLOAD EST FY 12-13	31.22	1,030.26	25%	257.57	0.06%	
	LIFE SAFETY CODE			113.00	FEDERAL WORKLOAD EST FY 12-13	12.00	1,356.00	25%	339.00	0.07%	
	LIFE SAFETY CODE - FOLLOW UP			28.00	FEDERAL WORKLOAD EST FY 12-13	4.04	113.12	25%	28.28	0.01%	
	SUBTOTAL				394.75			15,747.04		4,145.45	
GRAND TOTAL				40,649.57			824,717.61		464,323.83	100.00%	100.00%

ATTACHMENT B

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
LICENSING AND CERTIFICATION PROGRAM  
ANNUAL HEALTH FACILITY LICENSING FEES FY 2013-14

FACILITY TYPE		STATE WKLD % RATE	BEGINNING - FY 12/13 ENACTED BUDGET				BASELINE BUDGET COST ADJUSTMENTS							TOTAL BASELINE BUDGET	PROGRAM COST TOTAL	MISC REVENUE CREDIT * PROGRAM RESERVE USED			PROPOSED SPECIAL FUND GRAND TOTAL	FACILITY (F) / BED COUNTS (B)					PROPOSED FEES						
			\$ 89,167,451	\$ 1,454,549	\$ 493,000	TOTAL BEG BUDGET	\$ 414,000	\$ 989,000	\$ 3,711,000	\$ (3,401,000)	\$ (452,000)	\$ (15,000)	\$ (24,000)			\$ (3,500,177)	PROPOSED SPECIAL FUND SUBTOTAL	\$ (11,624,284)		NON-STATE		STATE OPERATED		TOTAL COUNT	NON-STATE FACILITY	STATE OPERATED FACILITY	\$ 3,700,000				
			FY 12-13 ENACTED BUDGET (91,115,000 - 493,000)	HAI	BCP HQ 02 HAI PUBLIC REPORTING (GACH)		BY 13-14 OTHER EMPLOYEE COMP ADJ	BY 13-14 PERS RATE ADJ	BY 13-14 PRO RATA	FY 12-13 ADJ - PRO RATA REMOVAL	BY 13-14 DEPT. OVERHEAD	BY 13-14 OTS RATE REDUCTION SAVINGS	BY 13-14 LEASE REVENUE DEBT SERVICE ADJ			MISCELLANEOUS REVENUE CREDIT		PROGRAM RESERVE USED		F	B	F	B		FEE AMOUNT	LEGISLATIVE APPROVED GF TRANSFER FOR STATE OPERATED FACILITIES					
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z				
1	ALTERNATIVE BIRTHING CENTERS	0.01%	\$ 8,917			\$ 8,917	\$ 41	\$ 99	\$ 371	\$ (340)	\$ (45)	\$ (2)	\$ (2)	9,039	9,039	(1,968)	7,071	11,971	19,042	8	-	-	-	8	2,380.19						
2	ADULT DAY HEALTH CENTERS	2.82%	2,514,522			\$ 2,514,522	11,675	27,890	104,650	(95,908)	(12,746)	(423)	(677)	2,548,983	2,548,983	(27,868)	2,521,115	(1,271,639)	1,249,476	300	-	-	-	300	4,164.92						
3	CHRONIC DIALYSIS CLINIC	1.37%	1,221,594			\$ 1,221,594	5,672	13,549	50,841	(46,594)	(6,192)	(206)	(329)	1,238,335	1,238,335	(164,963)	1,073,373	267,689	1,341,061	467	-	3	-	470	2,862.63	\$1,404.08	\$ 4,212				
4	CHEMICAL DEPENDENCY RECOVERY HOSPITALS	0.11%	98,084			\$ 98,084	455	1,088	4,082	(3,741)	(497)	(17)	(26)	99,428	99,428	(5,685)	93,743	(15,131)	78,612	-	411	-	-	411	191.27						
5	COMMUNITY CLINIC/FREE CLINIC	1.27%	1,132,427			\$ 1,132,427	5,258	12,560	47,130	(43,193)	(5,740)	(191)	(305)	1,147,946	1,147,946	(159,800)	988,146	(147,665)	840,481	1,170	-	-	-	1,170	718.36						
6	CORRECTIONAL TREATMENT CENTERS	0.37%	329,920			\$ 329,920	1,532	3,659	13,731	(12,584)	(1,672)	(56)	(89)	334,441	334,441	-	334,441	(94,543)	239,898	-	196	-	492	688	573.70	\$ 259.05	127,453				
7	HOME HEALTH AGENCIES	3.37%	3,004,943			\$ 3,004,943	13,952	33,329	125,061	(114,614)	(15,232)	(506)	(809)	3,046,124	3,046,124	(825,359)	2,220,766	2,788,632	5,009,398	1,451	-	-	-	1,451	3,452.38						
8	HOSPICE	1.23%	1,096,760			\$ 1,096,760	5,092	12,165	45,645	(41,832)	(5,560)	(185)	(295)	1,111,790	1,111,790	(803,683)	308,108	499,099	807,206	434	-	1	-	435	1,856.78	\$1,362.03	1,362				
9	PEDIACTRIC DAY HEALTH/RESPIRE CARE	0.04%	35,667			\$ 35,667	166	396	1,484	(1,360)	(181)	(6)	(10)	36,156	36,156	(885)	35,271	8,197	43,468	-	289	-	-	289	150.41						
10	PSYCHOLOGY CLINIC	0.09%	80,251			\$ 80,251	373	890	3,340	(3,061)	(407)	(14)	(22)	81,351	81,351	(802)	80,549	(43,632)	36,917	25	-	-	-	25	1,476.66						
11	REFERRAL AGENCIES	0.02%	17,833			\$ 17,833	83	198	742	(680)	(90)	(3)	(5)	18,078	18,078	(437)	17,641	3,325	20,966	6	-	-	-	6	3,494.41						
12	REHAB CLINIC	0.08%	71,334			\$ 71,334	331	791	2,969	(2,721)	(362)	(12)	(19)	72,312	72,312	(366)	71,945	(67,796)	4,150	16	-	-	-	16	259.35						
13	SURGICAL CLINIC	0.90%	802,507			\$ 802,507	3,726	8,901	33,399	(30,609)	(4,068)	(135)	(216)	813,505	813,505	(29,563)	783,942	(691,923)	92,019	37	-	-	-	37	2,487.00						
14	ACUTE PSYCHIATRIC HOSPITALS	1.60%	1,426,679			\$ 1,426,679	6,624	15,824	59,376	(54,416)	(7,232)	(240)	(384)	1,446,231	1,446,231	(679)	1,445,553	(1,846,582)	22,062,305	-	6,376	-	2,286	83,830	266.58	152.81	382,953				
15	GENERAL ACUTE CARE HOSPITALS	22.84%	20,365,846	1,454,549	493,000	\$ 22,313,395	94,558	225,888	847,592	(776,788)	(103,237)	(3,426)	(5,482)	22,592,500	22,592,500	(129,165)	22,463,334			-	74,948	-	220								
16	CONGREGATE LIVING HEALTH FACILITY	0.18%	160,501			\$ 160,501	745	1,780	6,680	(6,122)	(814)	(27)	(43)	162,701	162,701	(21,147)	141,554			(6,753,038)	38,902,398	-	447		-	-			312.00	195.79	1,409,670
17	INTERMEDIATE CARE FACILITY	1.03%	918,425			\$ 918,425	4,264	10,187	38,223	(35,030)	(4,656)	(155)	(247)	931,011	931,011	(6,775)	924,237			-	502	-	4,914		127,369						
18	SKILLED NURSING FACILITY	50.56%	45,083,063			\$ 45,083,063	209,318	500,038	1,876,282	(1,719,546)	(228,531)	(7,584)	(12,134)	45,700,906	45,700,906	(1,111,260)	44,589,646			-	119,220	-	2,286								
19	ICF-DD, DDH, DDN	12.11%	10,798,178			\$ 10,798,178	50,135	119,768	449,402	(411,861)	(54,737)	(1,817)	(2,906)	10,946,163	10,946,163	(209,773)	10,736,389	(4,271,247)	6,465,142	-	8,082	-	3,533	11,615	580.40	502.22	1,774,349				
		100.00%	\$ 89,167,451	\$1,454,549	\$ 493,000	\$ 91,115,000	\$ 414,000	\$ 989,000	\$3,711,000	\$ (3,401,000)	\$ (452,000)	\$ (15,000)	\$ (24,000)	\$92,337,000	\$ 92,337,000	\$ (3,500,177)	\$ 88,836,823	\$(11,624,284)	\$ 77,212,539	3,914	210,471	4	13,731	228,120			\$ 3,700,000				